



**2011 DECLARATION OF ADDITIONAL OWNERS, PARTNERS OR OFFICERS**

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

BUSINESS NAME (Same as on form FG317)

FIRST NAME	M.I.	LAST NAME	
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TITLE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
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MAILING ADDRESS	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
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CITY	STATE	ZIP CODE	DAY TELEPHONE (    )
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